

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2015 APR 24 AM 9:49

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

URBAN PROGRESS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. Box 257



Check if different  
than previously  
reported. (ACC)

WALTERBORO

159

129488-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00528661

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)

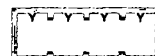


Convention (12C)



Special (12S)

Election on



in the  
State of



(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on



in the  
State of



5. Covering Period

01

01

2015

through

03

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BRIDGET L. MURRAY

Signature of Treasurer

*Bridget Murray*

Date

04

13

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2015

To:

MM / DD / YYYY  
03 / 31 / 2015

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

0000

0000

- (b) Cash on Hand at  
Beginning of Reporting Period.....

0000

- (c) Total Receipts (from Line 19) .....

0000

0000

- (d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B) .....

0000

0000

7. Total Disbursements (from Line 31) .....

0000

0000

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

0000

0000

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0000

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0000



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 / 01 / 2015

To:

03 / 31 / 2015

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized .....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19) .....

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# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0000	0000
(ii) Non-Federal Share.....	0000	0000
(b) Other Federal Operating Expenditures .....	0000	0000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0000	0000
22. Transfers to Affiliated/Other Party Committees.....	0000	0000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0000	0000
24. Independent Expenditures (use Schedule E) .....	0000	0000
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0000	0000
26. Loan Repayments Made.....	0000	0000
27. Loans Made.....	0000	0000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0000	0000
(b) Political Party Committees .....	0000	0000
(c) Other Political Committees (such as PACs).....	0000	0000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0000	0000
29. Other Disbursements .....	0000	0000
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0000	0000
(ii) "Levin" Share.....	0000	0000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0000	0000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0000	0000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0000	0000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0000	0000



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0000	0000
34. Total Contribution Refunds (from Line 28(d)) .....	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0000	0000



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

0000  
0000



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

B.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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14412411647



# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

0000

0000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>C00528661</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR)
Mailing Address		Date Incurred or Established	
City	State Zip Code	Date Due	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred			
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral?  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This Institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			



# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ➤

2) TOTALS This Period (last page this line number only)..... ➤

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ➤

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ➤

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**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>C00528661</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City State Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City State Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures.....		0000	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		0000	
(c) TOTAL Independent Expenditures.....		0000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Bridget Murray</i>		Date 04 / 13 / 2015	



**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 1 OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee  Mailing Address  City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type
Mailing Address		Date	
City State Zip Code		Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential State: District:		
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type
Mailing Address		Date	
City State Zip Code		Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential State: District:		
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type
Mailing Address		Date	
City State Zip Code		Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential State: District:		
Aggregate General Election Expenditure for this Candidate ▶			

SUBTOTAL of Expenditures This Page (optional).....▶	0000
TOTAL This Period (last page this line number only).....▶	0000



**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☒ Public Communications Referencing Party Only ☒



# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0.00%</p>	<p>NONFEDERAL %</p> <p>0.00%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0.00%</p>	<p>NONFEDERAL %</p> <p>0.00%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0.00%</p>	<p>NONFEDERAL %</p> <p>0.00%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0.00%</p>	<p>NONFEDERAL %</p> <p>0.00%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0.00%</p>	<p>NONFEDERAL %</p> <p>0.00%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>0.00%</p>	<p>NONFEDERAL %</p> <p>0.00%</p>



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

I) Total Administrative .....

II) Generic Voter Drive .....

III) Exempt Activities .....

IV) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

V) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

VI) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

0000

TOTAL This Period (Generic Voter Drive) .....

0000

TOTAL This Period (Exempt Activities) .....

0000

TOTAL This Period (Direct Fundraising) .....

0000

TOTAL This Period (Direct Candidate Support) .....

0000

TOTAL This Period (Public Communications Referring Only to Party) .....

0000

TOTAL This Period (Total Amount Transferred) .....

0000

1-800-142-1692



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE        OF         
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0000

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

0000



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

**I) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**II) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**III) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**IV) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

**I) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**II) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**III) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**IV) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

0000

TOTAL This Period (Voter ID) .....

0000

TOTAL This Period (GOTV).....

0000

TOTAL This Period (Generic Campaign Activity).....

0000

TOTAL This Period (Total Amount of Transfers Received).....

0000



**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE      OF  
 FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Category/ Type	Date
Purpose of Disbursement				

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Category/ Type	Date
Purpose of Disbursement				

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Category/ Type	Date
Purpose of Disbursement				

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
				0000
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
				0000
<b>TOTAL This Period for the Levin Share</b>				



**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)		
URBAN PROGRESS POLITICAL ACTION COMMITTEE		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0000	0000
(b) Unitemized .....	0000	0000
(c) Total .....	0000	0000
2. OTHER RECEIPTS .....	0000	0000
3. TOTAL RECEIPTS .....	0000	0000
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0000	0000
(b) Voter ID .....	0000	0000
(c) GOTV .....	0000	0000
(d) Generic Campaign .....	0000	0000
(e) Total .....	0000	0000
5. OTHER DISBURSEMENTS .....	0000	0000
6. TOTAL DISBURSEMENTS .....	0000	0000
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	0000	0000
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	0000	0000
(from Line 3)		
9. SUBTOTAL .....	0000	0000
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	0000	0000
(From Line 6)		
11. ENDING CASH ON HAND .....	0000	0000
(Subtract Line 10 From Line 9)		



**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Receipt

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Receipt

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Receipt

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Receipt

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

0000  
0000



**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
 (check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

<b>A.</b>	Date of Disbursement	
	Mailing Address	
	City State Zip Code	
	Purpose of Disbursement	
Amount of Each Disbursement this Period		

<b>B.</b>	Date of Disbursement	
	Mailing Address	
	City State Zip Code	
	Purpose of Disbursement	
Amount of Each Disbursement this Period		

<b>C.</b>	Date of Disbursement	
	Mailing Address	
	City State Zip Code	
	Purpose of Disbursement	
Amount of Each Disbursement this Period		

<b>D.</b>	Date of Disbursement	
	Mailing Address	
	City State Zip Code	
	Purpose of Disbursement	
Amount of Each Disbursement this Period		

<b>E.</b>	Date of Disbursement	
	Mailing Address	
	City State Zip Code	
	Purpose of Disbursement	
Amount of Each Disbursement this Period		

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶



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